Form	_	065	3042		2020 Tax Petu Return of Part	nership incor		01.54	1	MB No. 1545-0123				
5 .			For calendar year 2020, or tax year beginning , 2020, ending					, 20		2020				
		he Treasury ue Service			ov/Form1065 for instr	uctions and the late	st informat	ion.						
A Prin	cipal bu	siness activity		Name of partnership					D En	nployer identification num				
				JAMIESON CAPEX	FUND LLC									
INVESTMENT		T						4	47-3653978					
B Principal product or service		Type or	Number, street, and room or suite no. If a P.O. box, see instructions.						E Date business started					
INVESTMENT		ENT	Print 2865 LILAC LANE NORTH							01-01-2016				
C Busi	iness co	ode number		City or town, state or province,	country, and ZIP or foreign po	ostal code			F To	tal assets ee instructions)				
531	390			FARGO, ND 5810	2				\$	5,455,765				
G Che	eck ap	plicable boxes:		(1) Initial return (2	2) Final return (3	Name change	(4) Ac	dress cha	nge (5)	Amended return				
H Che	eck aco	counting metho	d:	(1) Cash (2	2) X Accrual (3) ☐ Other (specify) ►								
I Nu	mber	of Schedules	K-1. At	tach one for each person	who was a partner at a	any time during the tax	year ▶_	3	35					
J Ch	eck if	Schedules C	and M-	_						▶ □				
		artnership:	(1)	Aggregrated activities for					· ·	ctivity purposes				
Cautio	on: In	clude only tr	ade or b	ousiness income and exp	enses on lines 1a thro	ugh 22 below. See th	e instruction	ns for mo	re information	າ.				
	1 a	Gross rece	ipts or s	ales			1a							
ncome				nces		L	1b							
				ne 1b from line 1a										
	2	_		(attach Form 1125-A) .										
	3	•		act line 2 from line 1c .										
드	4	•	•	oss) from other partnershi	•	,				(73,875				
	5			s) (attach Schedule F (Fo										
	6			Form 4797, Part II, line						05 500				
	7			(attach statement)						25,500				
	8			s). Combine lines 3 through (athor than to partners)						(48,375				
(S	9	Salaries and wages (other than to partners) (less employment credits)							· + - +					
ation	10	Guaranteed payments to partners						· — —						
see instructions for limitations)	11 12	Bad debts							·					
s for	13								·	2,940				
ction	14	Taxes and								2,940				
nstru	15	Interest (se							·	154,428				
iee ir		•		uired, attach Form 4562)		1	16a		. 13	154,420				
30		•	٠.	eported on Form 1125-A		- F	16b		16c					
ns	17	•		deduct oil and gas dep		L								
Deductions	18			tc										
읅	19			rograms										
Ö	20			J						123,435				
	21	Other deductions (attach statement)								280,803				
	22			s income (loss). Subtra	*					(329,178				
	23	Interest due	under t	he look-back method - co	ompleted long-term cor	ntracts (attach Form 86	697)		. 23					
r	24	, , , , , , , , , , , , , , , , , , , ,							. 24					
шe	25	BBA AAR imputed underpayment (see instructions)							. 25					
a	26	Other taxes	(see in	structions)					. 26					
and Payment	27	Total balar	nce due	. Add lines 23 through 2	6				. 27					
an	28	Payment (s	ee instru	ictions)					. 28					
Тах	29	Amount owed. If line 28 is smaller than line 27, enter amount owed							. 29					
	30			ne 28 is larger than line 2										
		Under pen and belief.	alties of p it is true.	perjury, I declare that I have correct, and complete. Dec	examined this return, including the contraction of preparer (other	iding accompanying scho than partner or limited lia	edules and stability compan	atements, v member	and to the best) is based on a	of my knowledge Il information of				
Sign	า		and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is which preparer has any knowledge.							iscuss this return				
Her										with the preparer shown below?				
				CARLSON		b:	09-15-2	2021	See instruction	Yes No				
				er or limited liability company me		7 L	Date	Г						
D-: :		Print/Type p	•		Preparer's signature		Date		Check if	PTIN				
Paid		Kyle P			Kyle Pender	CPA	09-15-2	1021	self-employed	P00730600				
Prep				Montgomery & Per				Firm's Ell	N ► 45-0	1455434				
Use	Only	Firm's addre		5630 34th Ave S	Ste 120				(805)	01 0001				
				Fargo, ND 58104				Phone no	o. (701)2	81-8001				

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Form 1	065 (2020) JAMIESON CAPEX FUND LLC					47-3	653978	F	Page 2
Sch	dule B Other Information								
1	What type of entity is filing this return? Check the applicab	le box:						Yes	No
а	Domestic general partnership b	Don	nestic limited p	artnership					
С	▼ Domestic limited liability company d	Don Don	nestic limited lia	ability partne	rship				
е	Foreign partnership f	Oth	er ►						
2	At the end of the tax year:								
а	Did any foreign or domestic corporation, partnership (inclu	ding any	entity treated	as a partner	ship), tru	ist, or tax-			
	exempt organization, or any foreign government own, direct	•	•			•			
	loss, or capital of the partnership? For rules of constructive		• •	ctions. If "Yes	s," attach	Schedule			
	B-1, Information on Partners Owning 50% or More of the	Partners	nıp	• • • • •					Х
b	Did any individual or estate own, directly or indirectly, an ir								
	the partnership? For rules of constructive ownership, see in								
	on Partners Owning 50% or More of the Partnership								X
3	At the end of the tax year, did the partnership:	20/				laassa af			
а	Own directly 20% or more, or own, directly or indirectly, 50								
	stock entitled to vote of any foreign or domestic corporation				nıp, see	instructions.			
-	If "Yes," complete (i) through (iv) below							L	Х
	(i) Name of Corporation		(ii) Employer I Number			i) Country of Incorporation	(iv) Perd Owned in Vo		k
b	Own directly an interest of 20% or more, or own, directly o	r indirec	tly, an interest	of 50% or m	ore in th	e profit, loss,	Į.		
	or capital in any foreign or domestic partnership (including	an entity	y treated as a p	partnership)	or in the	beneficial			
	interest of a trust? For rules of constructive ownership, see	instructi	ions. If "Yes," o	complete (i) t	hrough (v) below			х
	(i) Name of Entity		Employer lentification	(iii) Typ		(iv) Country of		Maximur age Own	
	· · · · · · · · · · · · · · · · · · ·		mber (if any)	Entity	/	Organization	Profit, Los		
	D 11 11 11 11 11 11 11 11 11 11 11 11 11							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4	Does the partnership satisfy all four of the following cond		0.000					Yes	No
a									
D	The partnership's total assets at the end of the tax year we				. /:!!	·			
С	Schedules K-1 are filed with the return and furnished to the	e parrne	rs on or before	the due date	e (inclua	ing			
d	extensions) for the partnership return. The partnership is not filing and is not required to file Sche	odulo M-	3						х
u	If "Yes," the partnership is not required to complete Sched								^
	or item L on Schedule K-1.	.a.oo L, I	,	.om on pa	,	1000,			
5	Is this partnership a publicly traded partnership, as defined	l in secti	on 469(k)(2)?						х
6	During the tax year, did the partnership have any debt that								
	so as to reduce the principal amount of the debt?								х
7	Has this partnership filed, or is it required to file, Form 891								
	information on any reportable transaction?								x
8	At any time during calendar year 2020, did the partnership								
	a financial account in a foreign country (such as a bank ac								
	See instructions for exceptions and filing requirements for	FinCEN	Form 114, Rep	oort of Foreig	ın Bank	and			
	Financial Accounts (FBAR). If "Yes," enter the name of the	e foreign	country >						х
9	At any time during the tax year, did the partnership receive	a distrib	oution from, or v	was it the gra	ntor of,	or			
	transferor to, a foreign trust? If "Yes," the partnership may	have to	file Form 3520), Annual Ret	um To F	Report			
	Transactions With Foreign Trusts and Receipt of Certain F	•							х
10a	Is the partnership making, or had it previously made (and		ked), a section	754 election	?				х
	See instructions for details regarding a section 754 election								
b	Did the partnership make for this tax year an optional basis	•		` '	, ,	? If "Yes,"			
	attach a statement showing the computation and allocation	n of the b	asis adiustmer	nt. See instru	ctions			1	X

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Form 1	065 (2020) JAMIESON CAPEX FUND LLC	47-3653978		Page :				
Sche	edule B Other Information (continued)							
С	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of	fa	Yes	No				
	substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section	on						
	734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instr	uctions		х				
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like							
	kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by							
	partnership throughout the tax year)							
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other							
12	undivided interest in partnership property?			x				
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign	· · · · · · · · · · · · · · · · · · ·						
13	Disregarded Entities, (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See							
	instructions							
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's							
	Information Statement of Section 1446 Withholding Tax, filed for this partnership			Х				
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached							
	to this retum	0						
16a	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions			х				
b	If "Yes," did you or will you file required Form(s) 1099?							
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign							
	Corporations, attached to this return							
18	Enter the number of partners that are foreign governments under section 892 ▶							
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 104	2						
	and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?							
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instruction	s for Form 8938		х				
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?			х				
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners ar	е						
	not allowed a deduction under section 267A? See instructions							
	If "Yes," enter the total amount of the disallowed deductions							
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming							
	business in effect during the tax year? See instructions							
24	Does the partnership satisfy one or more of the following? See instructions			x				
а	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expe							
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax ye							
-	preceding the current tax year are more than \$26 million and the partnership has business interest.	u. 0						
С	The partnership is a tax shelter (see instructions) and the partnership has business interest expense.							
·	If "Yes" to any, complete and attach Form 8990.							
25	, ,							
23	Is this partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions							
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III,							
	line 3							
	If "No," complete Designation of Partnership Representative below.							
_	nation of Partnership Representative (see instructions)							
	elow the information for the partnership representative (PR) for the tax year covered by this return.							
ivame (of PR ▶ JEREMY CARLSON							
U.S. ad	ddress of PR 2865 LILAC LANE NORTH U.S. phone nu			_				
	FARGO ND 58102 PR	(701)361	-361	.6				
	R is an entity, name of the designated individual for the PR							
	U.S. phone nu							
	ated individual designated inc		1	1				
26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?			Х				
	If "Yes," enter the amount from Form 8996, line 16							
27	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an							
	interest in the partnership or of receiving a distribution from the partnership ▶							
28	At any time during the tax year, were there any transfers between the partnership and its partners subject to the							
	disclosure requirements of Regulations section 1.707-8?			х				
29	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties							
	constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for							
	purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of							
	the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.							
	Percentage: By Vote By V	alue		x				

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Jamieson capex fund 12020 Tax Return Page 4 of 7 47-3653978 Form 1065 (2020) Schedule K **Partners' Distributive Share Items** Total amount 1 1 (329, 178)2 (498, 374)3 a b С 3с 4 Guaranteed payments: a Services 4a **b** Capital c Total. Add lines 4a and 4b 4c ncome (Loss) 5 5 51,665 6 Dividends and dividend equivalents: 6a **b** Qualified dividends 6b c Dividend equivalents 7 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) Net long-term capital gain (loss) (attach Schedule D (Form 1065)) 9 a 9a 112,660 b Unrecaptured section 1250 gain (attach statement) . Statement.#1V.. С Net section 1231 gain (loss) (attach Form 4797) 10 258,830 11 Other income (loss) (see instructions) Type ▶ 11 12 12 **Deductions** 13 a b Investment interest expense 13b С Section 59(e)(2) expenditures: (1) Type ▶ 13c(2) d Other deductions (see instructions) Type ► 13d 14 a Net earnings (loss) from self-employment 14a (5,047)b 14b С Gross nonfarm income 14c (741)15 a 15a 15b b Low-income housing credit (other) Credits Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 15c 15d d Other rental real estate credits (see instructions) Type▶ е Other rental credits (see instructions) f Other credits (see instructions) Type ▶ 15f 16 a Name of country or U.S. possession ▶ Gross income from all sources 16b b Foreign Transactions 16c Foreign gross income sourced at partnership level d Reserved for future use **>** e Foreign branch category ▶ 16e h Other (attach statement) ▶ Passive category ► g General category ► 16h Deductions allocated and apportioned at partner level Interest expense ► 16j Deductions allocated and apportioned at partnership level to foreign source income Reserved for future use I Foreign branch category ▶ 161 Passive category ► n General category ► o Other (attach statement) ► 160 m Total foreign taxes (check one): ▶ Paid Accrued 16p a Reduction in taxes available for credit (attach statement) q 17 a Post-1986 depreciation adjustment 17a b Adjusted gain or loss 17b (1)С Depletion (other than oil and gas) 17c d 17d 17e f 17f 18 a Tax-exempt interest income Other Information b Other tax-exempt income 18b Nondeductible expenses 18c 19 a Distributions of cash and marketable securities 19a b Distributions of other property 19b 20a 20 a Investment income 52,254 b Investment expenses 20b

8 Add lines 6 and 7

1,943,061 9 Balance at end of year. Subtract line 8 from line 5

Add lines 1 through 4

.

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orm 8825

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

► Attach to Form 1065 or Form 1120S.

► Go to www.irs.gov/Form8825 for the latest information.

OMB No. 1545-0123

Employer identification number JAMIESON CAPEX FUND LLC 47-3653978 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties. Physical address of each property - street, city, state, Type - Enter code 1-8; Fair Rental Davs Personal Use Davs ZIP code see page 2 for list Α В C D **Properties** Rental Real Estate Income С Α В D Gross rents 2 Rental Real Estate Expenses 3 Advertising Auto and travel 5 Cleaning and maintenance 5 6 7 Insurance 7 8 Legal and other professional fees 9 Interest (see instructions) 9 10 10 11 11 12 12 13 Wages and salaries 13 14 Depreciation (see instructions) 14 15 Other (list) ▶ 15 Total expenses for each property. Add lines 3 through 15 16 Income or (loss) from each property. Subtract line 16 from line 2 17 18a Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real 20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which 20a (498,374)b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed. (2) Employer identification number (1) Name See Statement 8B TRIANGLE TOWNHOMES LLC 81-1399191 LIBERTY DEVELOPMENT LLC 81-1565620 SHEYENNE 32 EAST LLC 83-1633121 Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: (498,374)• Form 1065 or 1120S: Schedule K, line 2

Case 24-30422

(Form 1065)

Department of the Treasury

Internal Revenue Service

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OMB No. 1545-0123

ACapital Gains and Pages 5 es 7 SCHEDULE D

▶ Attach to Form 1065 or Form 8865.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. ▶ Go to www.irs.gov/Form1065 for instructions and the latest information. 2020

Employer identification number Name of partnership JAMIESON CAPEX FUND LLC 47-3653978 Did the partnership dispose of any investment(s) in a qualified opportunity fund during the tax year? x No If "Yes," attach Form 8949 and see its instructions for additional requirement for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments lines below. Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result with whole dollars. line 2, column (g) column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Form 1065, Schedule K, line 8 or 11; or Form 8865, Schedule K, line 8 or 11 7 Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. (d) (e) Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result with whole dollars. line 2, column (g) column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 12 13 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts 13 112,660 **14** Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Enter here and on Form 1065, Schedule K, line 9a or 11; or Form 8865, Schedule K, line 9a or 11 112,660